

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

SERIAL NO.

FILING DATE

APPLICATION(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	+						51					
2		+					52					
3		+					53					
4		+					54					
5		+					55					
6		+					56					
7		+					57					
8		+					58					
9		+					59					
10		+					60					
11	+						61					
12		+					62					
13		+					63					
14		+					64					
15		+					65					
16		+					66					
17	+						67					
18		+					68					
19	+	+					69					
20	+	+					70					
21		+					71					
22		+					72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		1					TOTAL DEP.					
TOTAL CLAIMS	1	1					TOTAL CLAIMS					